



## PART B - FEE(S) TRANSMITTAL

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09/16/2002

Naval Undersea Warfare Center  
Division Newport  
Office Of Counsel, Bldg 112T  
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Newport, RI 02841-1708RECEIVED  
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James M. Kasischke	(Depositor's name)
<i>James M. Kasischke</i>	(Signature)
23 Jan 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/874,465	06/04/2001	James C. Butts	78757	5370

TITLE OF INVENTION: TORPEDO MOUNTED DISPENSER INCORPORATING A SHOCK MOUNT BUMPER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$300	\$1580	12/16/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
BLACKNER, HENRY A	3641	114-021200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/1122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 James M. Kasischke

2 Michael F. Oglo

3 Jean-Paul A. Nasser

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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The United States of America as represented by the Secretary of the Navy

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☒ government

4a. The following fee(s) are enclosed:

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-0290 (enclose an extra copy of this form).☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

*James M. Kasischke* 23 Jan 2004  
(Authorized Signature) (Date)

James M. Kasischke

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